## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

500979

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UPLICUITY.

CLAIMS

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| 36           |  |  |                  | 7             |              |               |          | 85            |               |              |               |  |  |  |  |
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| 38           | <u> </u>   |  |                  |               |              | $\overline{}$ |          | 87            | ᆌ-            | <u>  </u>    |               |  |  |  |  |
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| 40           |  | <u> </u>   |                  | $\cdot$       |              |               |          | 89            | 4             |              |               |  |  |  |  |
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| 62           |  |  | T                |               |              | <del></del>   |          | 91            | 4             |              |               |  |  |  |  |
| 43           |  |  | 7                | -             |              |               |          | 92            |               |              |               |  |  |  |  |
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| 15           |  | 1  | 1                | -             |              |               |          | 94            | $\bot \Gamma$ |              |               |  |  |  |  |
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PTO-1360 (REV, 2023)

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